



# Michigan Department of Agriculture

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## **Food Service Program Cycle 4, Option 2 Assessment Forms**

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**Food Service Assessment Forms**

Agency:

Review Dates:

Review Period:

Reviewer(s):

Initial Visit / Revisit

**Executive Summary**

MPR	Status		Findings
	M/MC	NM/NA	
<b>Plan Review</b>			
1			
<b>Evaluations</b>			
2			
3			
4			
5			
6			
7			
8			
<b>Records</b>			
9			
<b>Enforcement</b>			
10			
11			
12			
13			
14			
15			
<b>Staff Training &amp; Qualifications</b>			
16			
17			
18			
<b>Foodborne Illness Investigations</b>			
19			
20			
<b>Important Factors - Not Used To Determine Accreditation Status</b>			
	M	NA	
<b>Industry and Community Relations</b>			
IF 1			
<b>Continuing Education for Regulatory Staff</b>			
IF 2			
<b>Program Support</b>			
IF 3			
<b>Quality Assurance Program</b>			
IF 4			

M= Met  
 MC= Met with Conditions  
 NM= Not Met  
 NA= Not Applicable

**NOTE: Remember that CPA's must be written in the six element format described in Annex 1.**

## MPR Summary

### MPR 1 Plan Review Summary

Compliance from health department self-assessment \_\_\_\_\_  
Number of plan files reviews by auditor \_\_\_\_\_  
Auditor agreement with self-assessment: \_\_\_\_\_

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**Compliance with MPR 1** \_\_\_\_\_

### MPR 2 Pre-Opening Evaluations

Compliance from health department self-assessment \_\_\_\_\_  
Number of plan files reviews by auditor \_\_\_\_\_  
Auditor agreement with self-assessment: \_\_\_\_\_

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**Compliance with MPR 2** \_\_\_\_\_

### MPR 3 Evaluation Frequency

Compliance from health department self-assessment \_\_\_\_\_  
Number of files reviews by auditor \_\_\_\_\_  
Auditor agreement with self-assessment: \_\_\_\_\_

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**Compliance with MPR 3** \_\_\_\_\_

☐ ERBIS in place for this time period: \_\_\_\_\_ to \_\_\_\_\_

### MPR 4 Vending Evaluation Frequency

Compliance from health department self-assessment \_\_\_\_\_  
Number of vending files reviews by auditor \_\_\_\_\_  
Auditor agreement with self-assessment: \_\_\_\_\_

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**Compliance with MPR 4** \_\_\_\_\_

### MPR 5 Temporary Food Service

Compliance from health department self-assessment \_\_\_\_\_  
Number of temporary licenses and evaluations reviewed by auditor \_\_\_\_\_  
Auditor agreement with self-assessment: \_\_\_\_\_

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**Compliance with MPR 5** \_\_\_\_\_

### MPR 6 Evaluation Procedures

Compliance from health department self-assessment \_\_\_\_\_  
Number of files reviews by auditor \_\_\_\_\_  
Auditor agreement with self-assessment: \_\_\_\_\_

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**Compliance with MPR 6** \_\_\_\_\_

**MPR 7 and 8 FIELD-**

Inspector's written documents were reviewed per Important Factor 4 \_\_\_\_\_  
Number of evaluators reviewed by auditor \_\_\_\_\_  
Number of facilities visited \_\_\_\_\_  
Auditor agreement using the Field Evaluation Worksheet (FEW) \_\_\_\_\_  
Frequency of QA is completed according to IF 4 or FDA retail Standard 2 \_\_\_\_\_

\_\_\_\_\_  
**Compliance with MPR 7 and 8** \_\_\_\_\_

**MPR 9 Records**

Compliance from health department self-assessment \_\_\_\_\_  
Auditor agreement with self-assessment: \_\_\_\_\_

\_\_\_\_\_  
**Compliance with MPR 9** \_\_\_\_\_

**MPR 10 Written Enforcement Policy, Proper Use**

Compliance from health department self-assessment \_\_\_\_\_  
Number of enforcement actions reviewed by auditor \_\_\_\_\_  
Auditor agreement with self-assessment: \_\_\_\_\_

\_\_\_\_\_  
**Compliance with MPR 10** \_\_\_\_\_

**MPR 11 Unauthorized Construction - Stop Work Order Usage**

Compliance from health department self-assessment \_\_\_\_\_  
Number of plans reviewed by auditor \_\_\_\_\_  
Auditor agreement with self-assessment: \_\_\_\_\_

\_\_\_\_\_  
**Compliance with MPR 11** \_\_\_\_\_

**MPR 12 Follow-Up Evaluation**

Compliance from health department self-assessment \_\_\_\_\_  
Number of files reviewed by auditor \_\_\_\_\_  
Auditor agreement with self-assessment: \_\_\_\_\_

\_\_\_\_\_  
**Compliance with MPR 12** \_\_\_\_\_

**MPR 13 License Limitations**

Compliance from health department self-assessment \_\_\_\_\_  
Number of limited licenses reviewed by auditor \_\_\_\_\_  
Auditor agreement with self-assessment: \_\_\_\_\_

\_\_\_\_\_  
**Compliance with MPR 13** \_\_\_\_\_

**MPR 14 Variances**

Compliance from health department self-assessment \_\_\_\_\_  
Number of variances reviewed by auditor \_\_\_\_\_  
Auditor agreement with self-assessment: \_\_\_\_\_

\_\_\_\_\_  
**Compliance with MPR 14**

**MPR 15 Complaint Investigation**

Compliance from health department self-assessment \_\_\_\_\_  
Number of complaints reviewed by auditor \_\_\_\_\_  
Auditor agreement with self-assessment: \_\_\_\_\_

\_\_\_\_\_  
**Compliance with MPR 15**

**MPR 16 New Staff- Academic Training in 6 Areas**

Compliance from health department self-assessment \_\_\_\_\_  
Number of training files reviewed by auditor \_\_\_\_\_  
Auditor agreement with self-assessment: \_\_\_\_\_

\_\_\_\_\_  
**Compliance with MPR 16**

**MPR 17 New Staff- Evaluations with Standardized Trainer**

Compliance from health department self-assessment \_\_\_\_\_  
Number of training files reviewed by auditor \_\_\_\_\_  
Auditor agreement with self-assessment: \_\_\_\_\_

\_\_\_\_\_  
**Compliance with MPR 17**

**MPR 18 Other Staff- Training for Mobile, STFU, Vending and TFE**

Compliance from health department self-assessment \_\_\_\_\_  
Number of training files reviewed by auditor \_\_\_\_\_  
Auditor agreement with self-assessment: \_\_\_\_\_

\_\_\_\_\_  
**Compliance with MPR 18**

**MPR 19 Foodborne Illness Investigations Conducted**

Compliance from health department self-assessment \_\_\_\_\_  
Number of FBI investigation files reviewed by auditor \_\_\_\_\_  
Auditor agreement with self-assessment: \_\_\_\_\_

\_\_\_\_\_  
**Compliance with MPR 19**

**MPR 20 Foodborne Illness Procedures**

Compliance from health department self-assessment \_\_\_\_\_

**Food Service Assessment Forms** Agency:  
Review Dates: Review Period: Reviewer(s): Initial Visit / Revisit

Number of FBI investigation files reviewed by auditor \_\_\_\_\_  
Auditor agreement with self-assessment: \_\_\_\_\_

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**Compliance with MPR 20**

**Important Factor I- Industry and Community Relations** MET NA

\_\_\_ Department not attempting to meet this IF

**Important Factor II - Continuing Education of Regulatory Staff** MET NA

\_\_\_ Department not attempting to meet this IF

**Important Factor III- Program Support** MET NA

\_\_\_ Department not attempting to meet this IF

# licensed establishments \_\_\_\_\_/150 = **A.** \_\_\_\_\_ recommended number FTE's  
/225 = **B.** \_\_\_\_\_ minimum number FTE's

# temporary licenses issued \_\_\_\_\_/300 = **C.** \_\_\_\_\_ FTE's needed for temporary evaluation

**D.** Total Minimum FTE's (B+C)= \_\_\_\_\_ **E.** Total Recommended FTE's (A+C)= \_\_\_\_\_

**F.** Actual FTE's assigned to FS program \_\_\_\_\_

**Met if:**

\_\_\_  $F \geq E$

**Important Factor IV- Quality Assurance Program** MET NA

\_\_\_ Department not attempting to meet this IF

\_\_\_ Written quality assurance program developed

\_\_\_ At least 10 inspection reports for each sanitarian's food insp. or FBI records have been reviewed.  
Quality assurance review conducted every 24 months

\_\_\_ Every employee assigned to program has completed 2 joint inspections with trainer every 24 months

**ACCREDITATION, OPTION 2  
FIELD EVALUATION WORKSHEET  
(Performance Elements and Competencies)**

Establishment Name:	Establishment Address:	
Auditor's Name:	Auditor's Agency	
Inspector's Name:	Inspector's Agency:	
Date of Audit:	Time IN:	Time OUT:

**Inspections Observations and Performance**

		Opportunity to Demonstrate Competency	Competency Demonstrated	
		NO	YES	NO
	<b>C) Risk Based Inspection / Active Managerial Control</b>			
1	Verified demonstration of knowledge of the person in charge.			
2	Verified the restriction or exclusion of ill employees.			
3	Verified the availability of a consumer advisory for foods of animal origin served raw or undercooked.			
4	Verified approved food sources (e.g., food from regulated food processing plants; shellfish documentation; wild game & mushrooms, game animal processing; parasite destruction for certain species of fish intended for raw consumption; receiving temperatures).			
5	Verified cooking temperatures to destroy bacteria and parasites.			
6	Verified reheating temperatures of TCS food for hot holding.			
7	Verified cooling temperatures of TCS food to prevent the outgrowth of spore-forming or toxin-forming bacteria.			
8	Verified cold holding temperatures of foods requiring time/temperature control for safety (TCS food), or when necessary, verified that procedures are in place to use time alone to control bacterial growth and toxin production.			
9	Verified hot holding temperatures of TCS food or when necessary, that procedures were in place to use time alone to prevent the outgrowth of spore-forming bacteria.			
10	Verified date marking of ready-to-eat foods TCS food held for more than 24 hours.			
11	Verified food safety practices for preventing cross-contamination of ready-to-eat food.			
12	Verified food contact surfaces are clean and sanitized, protected from contamination from soiled cutting boards, utensils, aprons, etc., or raw animal foods.			
13	Verified employee hand washing (including facility availability)			

14	Verified good hygienic practices (eat, drinking, tasting, and sneezing, coughing or runny nose no work with food/utensils)			
15	Verified no bare hand contact with ready-to-eat foods (or use of a pre-approved, alternative procedure).			
16	Verified proper use, storage and labeling of chemicals; sulfites			
17	Identified food processes and/or procedures that require an HACCP Plan per the jurisdiction's regulations.			
Comments:				
<b>E) Good Retail Practices</b>				
1	Correctly assesses compliance status of other regulations (not included in Item 3 – Good Retail Practices) that are included in jurisdiction's prevailing statutes, regulations and/or ordinances.			
	Comments:			
		<b>Total number of opportunities</b>	<b>Number of opportunities to demonstrate</b>	<b>Number of competencies demonstrated</b>
Risk based / Active Managerial Control and Good Retail Practices		18		



## Option 2 – Field Exercise Summary (MPR 7 & 8)

Category	Individual Evaluator's %						Final %
	1	2	3	4	5	6	
Risk Based Inspection and Good Retail Practices							

### Data is obtained from each evaluator's Field Evaluation Worksheet

See guidance Document, Annex 11 to determine the number of inspectors evaluated during the review.

Each inspector will be evaluated using this form. The inspector's individual scores will be averaged to establish the department percentage for determination of Met / Met with Conditions / Not Met.

**Met:** 70 - 100% department compliance with risk based evaluation methodology.

**Met with Conditions:** 60-69% department compliance with risk based evaluation methodology.

**Not Met:** Less than 60% department compliance with risk based evaluation methodology

Example:  
Inspector 1 65%  
Inspector 2 94%  
Average: 79% Met

Example:  
Inspector 1 65%  
Inspector 2 50%  
Inspector 3 55%  
Inspector 4 87%  
Average: 64% Met with Conditions

**The Field Exercise is Met:** \_\_\_\_\_, **Met with Conditions** \_\_\_\_\_, **Not Met:** \_\_\_\_\_